

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

TRACY JEAN DAVIS, : Case No.: 1:20-cv-1227
: Plaintiff, : Judge:
v. : Magistrate:
: :
CHRISTOPHER WILLIAMS, KOCH : NOTICE OF REMOVAL
COMPANIES, INC., and STAN KOCH & :
SONS TRUCKING, INC. :
: Defendants. :

Under 28 U.S.C. §§ 1446 and 1441 and with full reservation of any and all defenses, objections, and exceptions, including without limitation: to service, personal jurisdiction, venue, and statute of limitations, Defendants Christopher Williams, Koch Companies, Inc., and Stan Koch & Sons Trucking, Inc. provide this Notice of Removal of this civil action to the United States District Court for the Southern District of Indiana, for the following reasons:

REMOVAL IS TIMELY UNDER 28 U.S.C. § 1446

1. On or about March 19, 2020, Plaintiff Tracy Jean Davis filed an action in the Tippecanoe County Circuit Court I, State of Indiana, captioned *Tracy Jean Davis v. Christopher Williams, et al.*, Cause No. 79D01-2003-CT-000051 (“the State Court Action”). Under 28 U.S.C. § 1446(a), Plaintiff’s Complaint is attached as part of Ex. A to this Notice of Removal.

2. Defendants were served with a copy of the Complaint on or about March 26, 2020. A true and accurate copy of the State Court Action docket is attached as Ex. B. Defendants timely filed answers within the State Court Action.

3. On April 21, 2020, counsel for Plaintiff Tracy Jean Davis confirmed that her client is seeking in excess of \$75,000 in damages for an alleged traumatic brain injury following

a motor vehicle accident with Defendants' tractor-trailer. A true and accurate copy of that email correspondence is attached as Ex. C. The Indiana Officer's Standard Crash Report notes that Plaintiff Tracy Jean Davis was transported from the accident scene with pain on her left side, including neck, hip, knee/leg, and ribs. Further, the impact caused her vehicle's steering wheel to be hanging down and almost fell off. (*See* Indiana Officer's Standard Crash Report, attached as Ex. D).

4. This Notice of Removal is filed with this Court within 30 days of the case becoming removable and within one year of the commencement of the state court action. Therefore, this Notice is timely filed under 28 U.S.C. § 1446(b).

DIVERSITY OF CITIZENSHIP EXISTS UNDER 28 U.S.C. § 1332

5. Plaintiff Tracy Jean Davis is a citizen of Indiana who resides at 3616 Thorn Hill Circle West, Lafayette, Indiana 47909. (*See* State Court Action Docket, attached as Ex. B).

6. Defendant Christopher Williams is a Texas citizen who resides at 403 North I 45, Ennis, Texas 75119. (Ex. B).

7. Defendant Koch Companies, Inc. is a Minnesota corporation with its principal place of business located at 4370 West Round Lake Road, Arden Hills, Minnesota 55112. (Ex. B).

8. Defendant Stan Koch and Sons Trucking, Inc. is a Minnesota corporation with its principal place of business located at 4200 Dahlberg Drive, Golden Valley, Minnesota 55422. (Ex. B).

9. No Defendant in this case is a citizen of the State of Indiana.

10. Therefore, complete diversity exists between the parties.

AMOUNT IN CONTROVERSY EXCEEDS \$75,000

11. The Complaint alleges claims of negligence against Defendant Christopher Williams and vicarious liability against Stan Koch & Sons Trucking, Inc. from a motor vehicle accident on April 28, 2018, in Indianapolis, Marion County, Indiana. (Ex. A).

12. The Indiana Officer's Standard Crash Report notes that Plaintiff Tracy Jean Davis was transported from the accident scene with pain on her left side, including neck, hip, knee/leg, and ribs. Further, the impact caused her vehicle's steering wheel to be hanging down and almost fell off. (*See* Indiana Officer's Standard Crash Report, attached as Ex. D).

13. In addition to the injuries listed above, on April 21, 2020, counsel for Plaintiff Tracy Jean Davis confirmed that her client is seeking in excess of \$75,000 in damages for an alleged traumatic brain injury following a motor vehicle accident with Defendants' tractor-trailer. A true and accurate copy of that email correspondence is attached as Ex. C.

14. If all of defendants' defenses fail and if Plaintiffs prove all of their damages, the damages could exceed \$75,000, exclusive of interest and costs. Therefore, the amount in controversy in the state court action, exclusive of interest and costs, exceeds \$75,000.

DIVERSITY JURISDICTION IS SATISFIED

15. Based upon the above, this Court has original subject matter jurisdiction over this action under 28 U.S.C. § 1332 because the Complaint presents a case where the amount in controversy exceeds \$75,000 and is between citizens of different states.

16. Defendants will promptly file this Notice with the Clerk of the Circuit Court for Tippecanoe County as required by 28 U.S.C. § 1446(d).

17. Copies of all process and pleadings filed and received to date in the State Court Action are attached as Exhibit E.

CONSENT TO REMOVAL

18. All Defendants are represented by the undersigned counsel and consent to remove this action; therefore, unanimity exists under 28 U.S.C. § 1446(b)(2)(A), (C) and this case is properly removed to the United States District Court for the Southern District of Indiana.

WHEREFORE, Defendants Christopher Williams, Koch Companies, Inc., and Stan Koch & Sons Trucking, Inc. respectfully request that the above numbered cause on the docket of the Tippecanoe Circuit Court, State of Indiana, be removed from that Court to the docket of the United States District Court for the Southern District of Indiana.

Respectfully submitted,

/s/ Brian J. Pokrywka

BRIAN J. POKRYWKA (31080-15)
LEWIS, BRISBOIS, BISGAARD & SMITH, LLP
250 East Fifth Street, Suite 2000
Cincinnati, OH 45202
Phone: (513) 808-9911
Fax: (513) 808-9912
brian.pokrywka@lewisbrisbois.com
*Counsel for Defendants Christopher Williams,
Koch Companies, Inc., and Stan Koch & Sons
Trucking, Inc.*

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing was sent via electronic mail this 22nd day of April, 2020 to:

Susannah M. Hall-Justice
200 Ferry Street, Suite A
P.O. Box 1218
Lafayette, IN 47902
Susannah@halljustice.com
Attorney for Plaintiff

/s/ Brian J. Pokrywka

BRIAN J. POKRYWKA

EXHIBIT A

STATE OF INDIANA) TIPPECANOE COUNTY CIRCUIT COURT I
)
COUNTY OF TIPPECANOE) SS: TO THE 2020 TERM
)
TRACY JEAN DAVIS,) CAUSE NO. 79C01-2003-CT-
)
)
)
V.)
)
)
CHRISTOPHER WILLIAMS, KOCH)
COMPANIES, INC. and)
STAN KOCH & SONS TRUCKING, INC.)

COMPLAINT

Plaintiff, by counsel, for cause of action states:

General Allegations

- 1) On April 28, 2018, Defendant, Christopher Williams was driving a semi-tractor trailer in Tippecanoe County Indiana. and according to witnesses disregarded the stop sign striking the plaintiff's vehicle at U.S. 231 and County Road 500 S.
- 2) At the time Christopher Williams was employed by Stan Koch & Sons Trucking, Inc. to drive semi-tractor trailers.
- 3) Koch Companies, Inc. owns Stan Koch & Sons Trucking, Inc.

Negligence

- 1) Christopher Williams disregarded a stop sign.
- 2) Christopher Williams failed to keep a proper look-out.
- 3) Christopher Williams struck Tracy J. Davis' vehicle.
- 4) The force of the semi tractor trailer striking the Plaintiff's vehicle required the Plaintiff to be transported to the hospital emergency room for treatment for her injuries.

5) As a direct and proximate result of this negligence, Plaintiff was injured, incurred medical expenses, lost income from work and other damages yet to be ascertained.

WHEREFORE, Plaintiff demands damages from the Defendants in an amount sufficient to compensate her for her losses, for her costs, and all other relief in the premises. Plaintiff demands trial by jury on all issues.

Respectfully submitted,

/s/Susannah M. Hall-Justice

Susannah M. Hall-Justice
Attorney No. 20153-79
Attorney for Tracy Davis
Hall-Justice Law Firm
200 Ferry Street, Suite A
P.O. Box 1218
Lafayette, IN 47902
Ph.: (765) 742-2987
Fax: (765) 420-0948

CERTIFICATE OF SERVICE

I hereby certify that I requested copies of the foregoing be served upon Mr. Christopher Williams, 403 N. I-45 Ennis, TX 75119, Mr. Dave Koch, Koch Companies, Inc., 4370 W Round Lake Rd., Arden Hills, MN 55112, and Mr. Dave Koch, Stan Koch & Sons Trucking, Inc., 4200 Dahlberg Dr., Golden Valley, MN 55421 via certified mail on March 19, 2020.

/s/Susannah M. Hall-Justice

Susannah M. Hall-Justice

EXHIBIT B

**Tippecanoe Superior Court 1**

Information current as of 4/22/20, 9:54 AM EDT

79D01-2003-CT-000051

Tracy Jean Davis v. Christopher Williams, Koch Companies, Stan Koch & Sons Trucking, Inc.

File date: 03/19/2020 Disposition Date:

Parties Involved

Attorneys:	Parties:
Hall-Justice, Susannah M [Attorney] Address: 200 Ferry St., Suite A PO Box 1218 Lafayette , IN 47902	Davis, Tracy Jean [Plaintiff] Address: 3616 Thorn Hill Circle West Lafayette , IN 47909
Phones: Unknown (Fax): 765-420-0948 Work (Phone): 765-742-2987	
State Bar ID: 2015379	
Pokrywka, Brian Joseph [Attorney] Address: 36 East Seventh Street Suite 2100 Cincinnati , OH 45202	Koch Companies [Defendant] Address: 4370 W. Round Lake Rd. Arden Hills , MN 55112
Phones: Unknown (Fax): 513-241-8775 Work (Phone): 513-241-4722	
State Bar ID: 3108015	
	Stan Koch & Sons Trucking, Inc. [Defendant] Address: 4200 Dahlberg Dr. Golden Valley , MN 55421
	Williams, Christopher [Defendant] Address: 403 N. 1-45 Ennis , TX 75119

Hardcopy References

No documents available for this case

Calendar Entries

No calendar entries exist for this case

Minute Entries

(Most recent at top)

Minute Date: **4/15/2020**
Input Date: **Unavailable**
Type: **Subpoena/Summons Filed**

Amended Summons
Filed By: Davis, Tracy Jean
File Stamp: 04/15/2020

Minute Date: **4/15/2020**
Input Date: **Unavailable**
Type: **Subpoena/Summons Filed**

Amended Summons
Filed By: Davis, Tracy Jean
File Stamp: 04/15/2020

Minute Date: **4/14/2020**
Input Date: **Unavailable**
Type: **Service Returned Served (E-Filing)**

Affidavit of service
Filed By: Davis, Tracy Jean
File Stamp: 04/10/2020

Minute Date: **4/14/2020**
Input Date: **Unavailable**
Type: **Service Returned Served (E-Filing)**

Affidavit of service
Filed By: Davis, Tracy Jean
File Stamp: 04/10/2020

Minute Date: **4/14/2020**
Input Date: **Unavailable**
Type: **Answer to a Complaint Filed**

Defendants' Answer
Filed By: Koch Companies
Filed By: Stan Koch & Sons Trucking, Inc.
File Stamp: 04/10/2020

Minute Date: **4/14/2020**
Input Date: **Unavailable**
Type: **Appearance Filed**

Appearance
For Party: Koch Companies
For Party: Stan Koch & Sons Trucking, Inc.
File Stamp: 04/10/2020

Minute Date: **3/19/2020**
Input Date: **Unavailable**
Type: **Case Opened as a New Filing**

Minute Date: **3/19/2020**
Input Date: **Unavailable**
Type: **Appearance Filed**

Appearance
For Party: Davis, Tracy Jean
File Stamp: 03/19/2020

Minute Date: **3/19/2020**
Input Date: **Unavailable**
Type: **Complaint/Equivalent Pleading Filed**

Complaint

Filed By: Davis, Tracy Jean
File Stamp: 03/19/2020

Minute Date: **3/19/2020**

Input Date: **Unavailable**

Type: **Subpoena/Summons Filed**

Summons

Filed By: Davis, Tracy Jean
File Stamp: 03/19/2020

Minute Date: **3/19/2020**

Input Date: **Unavailable**

Type: **Subpoena/Summons Filed**

Summons

Filed By: Davis, Tracy Jean
File Stamp: 03/19/2020

Minute Date: **3/19/2020**

Input Date: **Unavailable**

Type: **Subpoena/Summons Filed**

Summons

Filed By: Davis, Tracy Jean
File Stamp: 03/19/2020

Financial Information

No financial information available for this case

EXHIBIT C

Fonnesbeck, Kristen

From: Pokrywka, Brian
Sent: Wednesday, April 22, 2020 12:50 PM
To: Fonnesbeck, Kristen
Subject: FW: Tracy Davis v. Christopher Williams and Koch Trucking

Brian J. Pokrywka
Partner PLEASE NOTE WE HAVE MOVED
Cincinnati
513.808.9916 or x5139916

From: Susannah@halljustice.com [mailto:[susannah@halljustice.com](mailto:Susannah@halljustice.com)]
Sent: Tuesday, April 21, 2020 4:57 PM
To: Pokrywka, Brian
Subject: [EXT] Tracy Davis v. Christopher Williams and Koch Trucking

External Email

Dear Brian,

From our conversation I understand that good service has been had on both Defendants and that you are representing them both. Since the Plaintiff is still being treated for her brain injury it appears that the damages are in excess of \$75,000.00.

Sincerely,

Susannah M. Hall-Justice

Attorney

200 Ferry Street
Suite A
P.O. Box 1218
Lafayette, IN 47902
765-742-2987
www.HallJustice.com



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If you know someone in need of our services, we welcome the opportunity to help.*

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EXHIBIT D

INDIANA OFFICER'S STANDARD CRASH REPORT Electronic Version								Page	1	of	4																																																																																																																																																																																																																													
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type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speed/Weather Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unsafe Lane Movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr><td>Primary Cause</td><td>Vehicle 1</td><td>Vehicle 2</td><td>Vehicle 3</td><td>Vehicle 4</td></tr> <tr><td>Vehicle Contributing Circumstances</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Engine Failure or Defective</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input 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<tr><td>None</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>				Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle Contributing Circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engine Failure or Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accelerator Failure or Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake Failure or Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tire Failure or Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Headlight(s) Defective or Not On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Light Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window/Windshield Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oversize/Overweight Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insecure/Leaky Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tow Hitch Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Passenger Distraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																				
Restriction Violation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																				
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Other Telematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																				
Driver Distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																				
Speed/Weather Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																				
Unsafe Lane Movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																				
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Total Estimate of all damage in the Crash: \$2501 TO \$5000				Was this crash the result of aggressive driving? NO																																																																																																																																																																																																																																				
Other Property Damage (1)		State Property		Owner's Name and Address																																																																																																																																																																																																																																				
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Witness/Other Participant					Non-Motorist																																																																																																																																																																																																																																			
<input checked="" type="checkbox"/> Witness # <input type="text" value="1"/> Name <input type="text" value="MCCLELLAN KEVIN R"/> <input type="checkbox"/> Other Participant # <input type="text" value="1"/>					(Last Name, First Name, MI)																																																																																																																																																																																																																																			
Address etc. 5205 AUTUMN LN LAFAYETTE IN 47909					Non-Motorist Type		Non-Motorist Action																																																																																																																																																																																																																																	
Phone # <input type="text" value="7654042684"/> Location at Time of Crash BEHIND SEMI DRIVER					Apparent Physical Condition																																																																																																																																																																																																																																			
<input checked="" type="checkbox"/> Witness # <input type="text" value="2"/> Name <input type="text" value="BAILEY LAURA E"/> <input type="checkbox"/> Other Participant # <input type="text" value="2"/>					Cited?	Direction																																																																																																																																																																																																																																		
Address etc. 3124 COPPERGATE CIR LAFAYETTE IN 47909					Street/Highway																																																																																																																																																																																																																																			
Phone # <input type="text" value="7654212473"/> Location at Time of Crash IN FRONT OF V2					Traffic Control?		If yes, was traffic control operational?																																																																																																																																																																																																																																	

Local ID 2018001864	903141089			Page 2 of 4
Type of Crash RIGHT ANGLE				
Time Notified 4:37 PM	Time Arrived 4:41 PM	Other Location of Investigation SAINT ELIZABETH HOSPITAL, ER ROOM 3		
Assisting Officer BUTTS, TRAVIS LEE		ID No. 7917	Agency TIPPECANOE SD	Investigation Complete? YES
Assisting Officer		ID No.	Agency	Date of Report 04/28/2018
Investigating Officer MINOTT, J		ID No. 7923	Agency TIPPECANOE SD	Reviewing Officer RICKS J

Narrative

V1 WAS TRAVELING WEST ON 500 S WHEN IT DISREGARDED THE STOP SIGN AT OLD US HWY 231 S, STRIKING V2. V1 RAN THROUGH THE STOP SIGN AND STRUCK V2 ON THE DRIVER'S SIDE PASSENGER DOOR, SPINNING THE CAR 180 DEGREES. V1 CAME TO FINAL REST AFTER IMPACT AND SUSTAINED MODERATE FRONT END DAMAGE. D1 STATED HE WAS DRIVING WEST AND LOOKED AWAY FOR A BRIEF SECOND AND THEN REALIZED HE WAS ABOUT TO RUN THROUGH THE STOP SIGN. D1 STATED HE ATTEMPTED TO STOP, BUT WAS TOO CLOSE TO THE INTERSECTION AND SKIDDED INTO THE V2. D1 STATED HE WAS LOADED WITH APPROXIMATELY 23,000LBS IN HIS TRAILER AND JUST PICKED UP THE LOAD FROM LAFAYETTE, IN. D1 STATED HE HAD JUST BEGUN DRIVING AND HAD SLEPT APPROXIMATELY 8-9 HOURS BEFORE STARTING HIS WORK DAY. D1 FURTHER SAID THAT HE HAD NOT BEEN DRINKING AND WAS NOT FEELING TIRED. D2 STATED SHE WAS TRAVELING SOUTH ON US HWY 231 S AND WAS STRUCK AS SOON AS SHE ENTERED THE INTERSECTION. D2 WAS CONFUSED AND SUSTAINED SEVERAL INJURIES FROM THE SIDE IMPACT. D2 SAID SHE WAS ATTEMPTING TO TURN EAST ON 500 S BEFORE SHE WAS HIT BY THE SEMI. D2 WAS TRANSPORTED TO THE HOSPITAL BY HER BOYFRIEND FOR FURTHER TREATMENT. SHE STATED THAT HER ENTIRE LEFT SIDE OF HER BODY WAS IN PAIN TO INCLUDE; NECK, HIP, KNEE/LEG AND RIBS. V2 SUSTAINED SIGNIFICANT DAMAGE. IT SHOULD BE NOTED THAT THE STEERING WHEEL WAS HANGING DOWN AND HAD ALMOST FALLEN COMPLETELY OFF. WITNESS 1, KEVIN MCCLELLAN, STATED HE WAS DRIVING BEHIND THE SEMI AND WITNESSED THE TRUCK RUN THROUGH THE STOP SIGN, STRIKING V2. WITNESS 2, LAURA BAILEY, STATED SHE DROVE THROUGH THE INTERSECTION RIGHT BEFORE V2 AND OBSERVED THE CRASH HAPPEN RIGHT BEHIND HER. LAURA SAID SHE SAW THE SEMI DISREGARD THE STOP SIGN AND STRIKE V2.

UNIT INFORMATION				903141089	Page 3 of 4
Local ID 2018001864					
Driver's Name (Last, First, MI) 1 WILLIAMS, CHRISTOPHER, R				Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) 403 N 145				Safety Equipment Effective? YES	
ENNIS		TX 75119		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 06/14/1969	Age 48	Gender MALE		EMS No. Immed Attn NO	Driver Injury Status
Driver's License # 35788705		Lic Type CD	CDL Class	Nature of Most Severe Injury	
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> III <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> Daylight Driving <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Controls <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Employment Only <input type="checkbox"/> Probation DWI <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Probation HTO <input type="checkbox"/> To/From Employment <input checked="" type="checkbox"/> None			
Test Given NONE	Type Given Blood Urine Breath	SFST	PBT	Location of Most Severe Injury	
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending		Drug Results	
Veh# 1	Color WHI	Vehicle Year 2019	Make VOLVO	Model VNL 760	Style PD
# Occupants 1	Lic Year 2019	License # 3BP062		License State OK	
# Axles 3	Speed Limit 25	Insured By SAFE FLEET INSURANCE		Phone Number 4044431005	
Vehicle Identification# 4V4NC9EH5KN195202					
Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver STAN KOCH AND SONS TRK					
Address (Street, City, State, Zip) 4200 DAHLBERG DR					
GOLDEN VALLEY		MN	55422		
Towed? YES	To JIMS GARAGE By JIMS GARAGE	Due to Disabling Damage YES			
1a	Lic State OK	Lic Year 2016	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver STAN KOCH AND SONS TRK INC.		
License# 2215LE		Address (Street, City, State, Zip) 4200 DAHLBERG DR			
Veh Year 2016	Make VOLVO	GOLDEN VALLEY		MN	55422
	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver		
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
Commercial Vehicle: Carrier's Name and Address 1 STAN KOCH AND SONS TRUCKING INC					
4200 DAHLERG DR					
MINNEAPOLIS		MN	55422		
HAZMAT Proper Shipping Name:			State DOT# 195202		
US DOT# 0000146060		ICC#	CMV Inspection NO	If Yes	
Gross Vehicle Weight Rating 26,001# OR MORE		Cargo Body Type VAN/ENCLOSED BOX			
HAZMAT Placard NO		HAZMAT Release of Cargo NO	HAZMAT 4-Digit ID#	Hazard Class #	
Event Collision With 1. ANOTHER MOTOR VEHICLE					

UNIT INFORMATION			903141089		Page 4 of 4				
Local ID 2018001864									
Driver's Name (Last, First, MI) 2 DAVIS, TRACY, J					Safety Equipment Used LAP + HARNESS				
Address (Street, City, State, Zip) 2299 HOPKINS DR					Safety Equipment Effective? YES				
WEST LAFAYETTE			IN 47906		Ejection/Trapped NOT EJECTED OR TRAPPED				
Date of Birth 11/24/1988	Age 29	Gender FEMALE	EMS No.	Immed Attn YES	Driver Injury Status NON-INCAPACITATING - TREATED AT				
Driver's License # 0771407428		Lic Type OP	CDL Class	Lic State IN	Nature of Most Severe Injury CONTUSION/BRUISE				
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> III <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> Daylight Driving <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Controls <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Employment Only <input type="checkbox"/> Probation DWI <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Probation HTO <input type="checkbox"/> To/From Employment <input checked="" type="checkbox"/> None							
Test Given NONE	Type Given Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/>	SFT <input type="checkbox"/>	PBT <input type="checkbox"/>	If Cited?	IC Codes				
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending		Drug Results					
Veh# 2	Color SIL	Vehicle Year 2008	Make FORD	Model EDGE	Style UT	Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
# Occupants 1	Lic Year 2019	License # 644TL		License State IN					
# Axles 2	Speed Limit 25	Insured By USAA INSURANCE		Phone Number 0000000000					
Vehicle Identification# 2FMDK49C6BBB08435						Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
Registered Owner's Name (Last, First, MI) DAVIS, TRACY, J						<input type="checkbox"/> Same as Driver 			
Address (Street, City, State, Zip) 2299 HOPKINS DR						<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
WEST LAFAYETTE			IN 47906		Vehicle Use				
Towed? YES	To JIMS GARAGE	Due to Disabling Damage YES		PERSONAL (FARM, COMPANY)					
By JIMS GARAGE				Emergency Run?		Fire?			
	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver	NO	NO				
License#		Address (Street, City, State, Zip)							
Veh Year	Make		SPORT UTILITY VEHICLE						
	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver	Pre-Crash Vehicle Action					
License#		TURNING LEFT							
Veh Year	Make		Direction of Travel						
	SOUTH								
Commercial Vehicle: Carrier's Name and Address									
HAZMAT Proper Shipping Name:				State DOT#					
US DOT#		ICC#		CMV Inspection	If Yes	<input type="checkbox"/> One Way Road <input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Multi-Lane w/ Cable Barrier <input checked="" type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Ramp			
Gross Vehicle Weight Rating				Cargo Body Type					
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	Event Collision With 1. ANOTHER MOTOR VEHICLE				



Indicate North

